FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23284** **(5)**

1. Corporation Name

CRESCENT FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CRESCENT FOREST 9108 US 19 PORT RICHEY FL 34668	% CRESCENT FOREST 9108 US 19 PORT RICHEY FL 34668

3. Date Incorporated or Qualified: **11/02/1987**

3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21

2a. Mailing Address
26 P.O. BOX 2003

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28 New Port Richey, FLA.

Zip
24

Country
25

Zip
29 34650

Country
30 U.S.A.

4. FEI Number: **59-2860085** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUERKERT, MARIE C.
9108 US 19
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: DAVID W. WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable): 8930 DeCubellis Rd.

83

84 City: New Port Richey **FL** 85 Zip Code: 34654

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 2/2/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DAVID W.		1.2 NAME		
STREET ADDRESS	P.O. BOX 2003 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	CST	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DAWN M.		2.2 NAME		
STREET ADDRESS	P.O. BOX 2003 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, HARRISON D.		3.2 NAME		
STREET ADDRESS	P.O. BOX 2003 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	000001753[illegible]	☐ Change ☐ Addition
NAME	Peters, Mike		4.2 NAME	-03-22/96--01017--009	
STREET ADDRESS	8741 Crescent Forest Blvd		4.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	New Port Richey, FL 34654		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VELTEN, FRANK		5.2 NAME		
STREET ADDRESS	8927 Crescent Forest Blvd		5.3 STREET ADDRESS		
CITY-ST-ZIP	New Port Richey, FL 34654		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DAVID W. WILLIAMS 2/2/96 813-841-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #